



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division – Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

DUE ON OR BEFORE SEPTEMBER 1, 2006

ARIZONA LICENSED SURPLUS LINES BROKER
SEMI-ANNUAL STATEMENT AND PREMIUM TAX REPORT

JANUARY 1, 2006 through JUNE 30, 2006

READ FORM E-SL-INSTRUCTION "ARIZONA LICENSED SURPLUS LINES BROKER SEMI-ANNUAL STATEMENT AND PREMIUM TAX REPORT FILING INSTRUCTIONS" **BEFORE PROCEEDING TO PREPARE AND FILE THIS REPORT.**

A "NONE" REPORT IS **NOT REQUIRED TO BE FILED** IF THERE WERE NO TRANSACTIONS PERFORMED BY THE BROKER WITH EFFECTIVE DATES THAT FALL WITHIN THE SEMI-ANNUAL PERIOD SPECIFIED ABOVE.

Arizona License Number _____ **CHECK ONE:** ☐ Original report
☐ Amended/Supplemental report (SEE PG 2*)

Name on License _____

Mailing Address _____

Telephone #: _____ FAX # _____

E-Mail Address: _____

PART B - AFFIDAVIT OF BROKER UNDER OATH

**** This Affidavit must be executed and notarized to be considered a complete filing ****

OATH

State of _____ } ss

County of _____ }

I _____, being duly sworn, depose and say that I am now, or was
(Type or Print Complete Name of Affiant)

during the preceding six months, a duly licensed Arizona Surplus Lines Broker, or, I am duly authorized to execute this statement on behalf of the licensed firm named below in my capacity as _____
(Title)

and that the information contained in Part A on Page 2 of this report, including any attachments thereto, is complete, true and correct to the best of my knowledge and belief.

Type Name of Licensed Firm, if applicable: _____

Signature of Affiant Broker or Authorized
Official on behalf of a Licensed Firm

Subscribed and sworn to before me this _____ day of _____, _____. (SEAL)

(Notary Public) My commission expires: _____

PAYMENT OPTIONS – CHECK ONE OPTION BELOW FOR PAYMENT OF THE TAX DUE (PAGE 2, LINE 4):

☐ **ACH CREDIT DELIVERY (FIRMS ONLY)** FILE FORM E-ACH.SLB AND USE FORMAT AND CONTENT PRESCRIBED IN FORM E-ACH-INSTRUCTION

☐ **CHECK PAYABLE TO ARIZONA DEPARTMENT OF INSURANCE IS ENCLOSED WITH THIS REPORT**

MAIL THIS REPORT (WITH CHECK, IF APPLICABLE) TO THE ADDRESS SHOWN ABOVE

Surplus Lines Broker _____ Arizona License Number _____
 (Type exact name as on Arizona license)

PART A - EXHIBIT OF SURPLUS LINES INSURANCE BUSINESS TRANSACTED

Based on Policy Effective Date or Cancellation Effective Date*

Enter "0" or "None" Where Applicable – DO NOT FILE A BLANK STATEMENT OR A "NONE" REPORT

Line of Business Description	(A) Aggregate Gross Premiums Charged Including Fees	(B) Return Premiums Paid to Insureds	(C) Aggregate Net Premiums	(D) Fire Portion of Aggregate Net Premiums
Accident & Health	\$ _____	(-) \$ _____	= \$ _____	An amount must appear in the box below for Fire and Allied Lines and carried to total lines
Automobile Liability	\$ _____	(-) \$ _____	= \$ _____	
Automobile Physical Damage	\$ _____	(-) \$ _____	= \$ _____	
Aviation Liability	\$ _____	(-) \$ _____	= \$ _____	
Aircraft Physical Damage	\$ _____	(-) \$ _____	= \$ _____	
Fire and Allied Lines	\$ _____	(-) \$ _____	= \$ _____	
General Liability	\$ _____	(-) \$ _____	= \$ _____	▼
Inland Marine	\$ _____	(-) \$ _____	= \$ _____	▼
Miscellaneous Special Lines	\$ _____	(-) \$ _____	= \$ _____	▼
Products	\$ _____	(-) \$ _____	= \$ _____	▼
Professional Liability and Malpractice (Incl. E&O)	\$ _____	(-) \$ _____	= \$ _____	▼
1. TOTAL EACH COLUMN	\$ _____	(-) \$ _____	= \$ _____ [SL Gross]	\$ _____ [SLF Gross]
2. EXEMPT PREMIUMS – ATTACH LIST IDENTIFYING EACH INSURED, AMOUNTS AND BASIS OF EXEMPTION		(-) \$ _____	[SLX]	(-) \$ _____
3. TOTAL SURPLUS LINES PREMIUMS SUBJECT TO TAX – SUBTRACT LINE 2 FROM LINE 1 IN COLUMNS C AND D			= \$ _____ [SL Taxable]	= \$ _____ [SLF Taxable]
SURPLUS LINES TAX RATE			3 %	<i>IF LINE 4 IS NEGATIVE, SEE INSTRUCTION FORM E-SL INSTRUCTION</i>
4. SURPLUS LINES PREMIUM TAX DUE - LINE 3, COLUMN C times 0.03			\$ _____	

ATTACH THIS PAGE AND ANY SUPPORTING SCHEDULES TO PAGE 1

*Original report should reflect all transactions with effective dates that fall in this Semi-Annual period. Transactions reported to the Surplus Lines Association of Arizona more than 60 days after the policy effective date or cancellation effective date may require an **Amended or Supplemental** Semi-Annual Statement Report for a prior period to be promptly filed with this Department with payment of any additional tax due. **Call (602) 364-3998 for assistance.**